Section A. Verification Procedures for Factors of Eligibility

	Jection A. Ven	ification Procedu	1163 101 1 000013	Of Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income	YES	YES	YES	Both are above, at or below the applicable income standard. Percent & Dollar Threshold	The greater amount of 20% or \$100	YES	YES	Self-attested income is compared to IRS and Social Security income from the FDSH. Self-attested income is reasonably compatable if within the greater of 20% or \$100. Connecticut recieved a waiver from CMS under section 1902(e)(14) of the Act to allow the state to determine eligibility based on self-attested amounts and provide a 90-day Reasonable Opportunity Period for the household to resolve inconsistencies on an interim basis. We plan to include state wage and unemployment income from the CT. Department of Labor and earnings information from the Work Number as electronic data sources and will reduce the reasonable compatability percentage when that occurs. Self-attestation is accepted without verification when no electronic source is available (eg. alimony and self-employment income for non-filers).
Residency	YES	NO	NO	N/A	N/A	YES	YES	Paper documentation required only when reasonable explanation does not clarify discrepancy that would impact eligibility.
Age (Date of Birth)	NO	YES	YES	N/A	N/A	YES	YES	Paper documentation required only when reasonable explanation does not clarify discrepancy that would impact eligibility.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation is requested if data source is not compatible with what the individual documents on the application.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Citizenship **	NO	NO	YES	N/A	N/A	N/A		Paper documentation is requested if data source is not compatible with what the individual attestests on the application.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A		Paper documentation is requested if data source is not compatible with what the individual attests on the application.
Household Composition	YES	NO	NO	N/A	N/A	YES	YES	For pregnant individuals, paper documentation is requested when individual attests to expecting greater than 3 children. Paper documentation required only when reasonable explanation does not clarify discrepancy that would impact eligibility.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO		N/A	N/A	YES	YES	Paper documentation required only when reasonable explanation does not clarify discrepancy that would impact eligibility.
Medicare	YES	NO	NO	N/A	N/A	YES	YES	Paper documentation required only when reasonable explanation does not clarify discrepancy.
Application for Other Benefits	NO	YES	YES	N/A	N/A	YES	YES	Paper documentation required only when reasonable explanation does not clarify discrepancy that would impact eligibility.
Other: (Please describe any other eligibility factors in the space below)								

^{*} States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP
Connecticut

Section B1. Use of Electronic Data Sources

Financial:

State:

Financial:												
Electronic Data Source	Determined Useful (Y/N)	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	CT recieves IRS data through the Hub at application. For period post- enrollment verification, he State computer system interfaces with the IRS computer system to indicate potential income sources. Federal tax information (FTI) available through the IEVS Disclosure of Information to Federal, State and Local Agencies (DIFSLA) and Beneficiary Exchange Earnings Records (BEER).
												State understand security requirements in establishing a connection with IRS for verification purposes. Will only be used at renewal to the extent consent is provided.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	The State computer system interfaces with the Social Security computer system using extisting data matches, on a daily basis, to indicate potential income sources post-enrollment.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	The State computer system interfaces with the SWICA computer system, on a daily basis, to indicate potential income sources. *Pending resolution of disclosure issues with Access Health CT (Exchange) and the Connecticut Department of Labor).
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	The State computer system interfaces with the Department of Labor computer system, on a daily basis, to indicate potential income sources. This match is not currently automated but plan to build the connection in late 2014.

Electronic Data Source	Determined Useful (Y/N)	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES		Information is available on a daily basis to obtain information while the state Eligibility Verification System (EMS) is on-line.
6. State General Assistance Programs	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES		Information is available on a daily basis to obtain information while the state Eligibility Verification System (EMS) is on-line.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	in comments)	Information is available on a daily basis to obtain information while the state Eligibility Verification System (EMS) is on-line. Utilized for raw income data (distinct from MAGI calculation).
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	in comments)	Information is available on a daily basis to obtain information while the state Eligibility Verification System (EMS) is on-line. Utilized for raw income data (distinct from MAGI calculation).
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This data is not available for access.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This information is not available electronically.
11. Commercial database: (Pease describe any commercial databases in the space below)												

Electronic Data Source	Determined Useful (Y/N)	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
Work Number	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES		The Work Number is a user-paid, verification of employment, data base. The Work number allows requestors to receive immediate confirmation of an individual's employment and salary for verification purposes. The information on the Work Number is updated whenever an employer updates their payroll information. FDSH TALX/Work Number is considered as a future option for incorporation into the Exchange intake process but any implementation will be post October 1, 2013. Connecticut plans to continue using their existing implementation for periodic post-enrollment data matching. During the replacement of EMS, Connecticut plans to examine each electronic interface and data match in light of the capabilities of the FDSH but also considering the multi-program needs of the Department of Social Services i.e., solutions not limited to MAGI Medicaid.
12. Other: (Please describe any additional electronic data sources in the space below)												
State Department of Labor (DOL) New Hires Match	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES		The New Hires Match is a biweekly report that matches applicants and recipients against DOL newly hired employment data.

¹ The state marked any criterion YES if they were considered in determining the usefullness of the electronic data source: however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)
State:

Medicaid & CHIP
Connecticut

Section B2. Use of Electronic Data Sources

Non-Financial:

Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
Social Security Administration (SSA)	YES	YES	YES	NO	NO	YES	NO	NO	NO	YES	YES	NO	YES	YES		in comments)	Daily matches used post enrollment to identify any changes related to Medicare, and application for other benefits. Only used at renewal for these specific factors as well. SSN, citizenship and age/DOB will not be reverifed after application. Can also be used to resolve inconsistencies related to residency
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES		in comments)	Access to Homeland Security Information is available to staff for use anytime the Homeland Security computer system is on-line. Utilized at renewal and post-enrollment - if individual has met the 5-year bar or if immigration status is subject to change or expire.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	·	A match is completed to determine if a death of an individual has occurred but was not reported to the Medicaid agency. Vital Statistics can be used as a backup to verify Citizenship.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		in comments)	The information may be used to assist in verifying residency if need be. The information contained in this data file may be accessed on an "as needed" basis

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	Other (specify in comments)	TANF information may be accessed at anytime to assist in clarifying questionable information, including household composition and caretaker relative status. If discrepancy identified, TANF can be used to verify pregnancy status.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	Other (specify in comments)	SNAP information may be accessed at anytime to assist in clarifying questionable information, including residency and household composition
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	Other (specify in comments)	This information may be accessed at anytime to assist in clarifying questionable information, including residency and household composition.
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)																	

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES		Connecticut receives a quarterly PARIS report indicating individuals that are receiving Medicaid benefits in other states. An evaluation is done and a determination is made to establish if an individual will maintain eligibility for Medicaid benefits in Connecticut. Can be used for residency verification if need be.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
State Department of Corrections (DOC) Match	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES		This is a electronic data match of convicted Connecticut residents that are in state correctional facilities. Connecticut's legacy eligibility system does not support Medicaid suspensions. As Connecticut must rely on our legacy system during the initial implementation of the Affordable Care Act, we must advise incarcerated individuals that they are not eligible for Medicaid. We understand that incarceration does not preclude medicaid eligibility for an individualit only prohibits federal reimbursement for most services. Although our legacy eligibility system does not support Medicaid suspension, Connecticut has administrative processes that support the prompt provision of Medicaid coverage for individuals leaving public institutions, as well as to grant Medicaid for in-patient admissions, and process to provide long-term care benefits to DOC individuals being placed in a dedicated long-term care facility. It is our intent to continue this process until we are able to refine our current process, and will access our ability to support Medicaid suspensions with the development of our new integrated eligibility system.

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Connecticut

Section C . Additional Factors of Eligibility for Separate CHIP

	Section C . Addi		Eligibility for 3	eparate Criir		
	Self-	Self-	Electronic			
	Attestation	Attestation	Data Source	Paper	NI.	
·	Accepted	Accepted with	Used (Y/N)	Documentation	Non-	
Eligibility Factor	without	Post-	If Yes, please	Required from the	Applicable	Comments
	Additional	Enrollment	describe in	Individual (Y/N)	(N/A)	
	Verification	Verification	comments	marviadai (1714)		
1. Applicant does not have	vermeation	vermeation	Comments			Self-attestation is being accepted at time of application. Periodic data matches are being
	YES	NO	NO	NO	Must be	used at other times. CT is planning to use a third party liability/other insurance contractor to
other coverage	TES	INO	INO	NO	Annlied	
2. Annihanat dana natibawa						identify enrollment in health insurance.
2. Applicant does not have	YES	NO	NO	NO		
access to affordable ESI						
3. When child has had					,	
coverage (as applicable to					N/A	
states' waiting period)						
4. Access to public employee	YES	NO	NO	NO	N/A	
coverage	ILS	NO	NO	NO	N/A	
5a. Waiting period exception					NI/A	
#1 (describe):					N/A	
5b. Waiting period exception						
#2 (describe):					N/A	
5c. Waiting period exception						
#3 (describe):					N/A	
5d. Waiting period exception						
#4 (describe):					N/A	
5e. Waiting period exception						
#5 (describe):					N/A	
5f. Waiting period exception						
#6 (describe):					N/A	
· · · · · · · · · · · · · · · · · · ·						
5g. Waiting period exception					N/A	
#7 (describe):						
5h. Waiting period exception					N/A	
#8 (describe):						
5i. Waiting period exception					N/A	
#9 (describe):					<u> </u>	
5j. Waiting period exception					N/A	
#10 (describe):					,,,	
6. Other eligibility factors or						
exceptions to eligibility						
factors: (Please describe in the						
space provided below)						
<u> </u>				1		· ·

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification		Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
	Vermound	Vermouter	comments			

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP
Connecticut

Section D. Additional Verification Questions

	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	State plans to use multiple backup data sources, such as Vital Statistics for citizenship before requesting documentation when information from data sources are inconsistent with the individual's attestation.
2	Please describe how the state uses PARIS?	Connecticut receives a quarterly PARIS report indicating individuals that are receiving Medicaid benefits in other states. An evaluation is done and a determination is made to establish if an individual will maintain eligibility for Medicaid benefits in Connecticut, as well as other State and federal benefit programs.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval describing how	
	the the state meets the following requirements:	
	1) Reduces administrative costs and burdens on both	
	individuals and the State,	
	2) Maximizes accuracy and minimizes delay,	
	3) Meets the requirements related to confidentiality,	
	disclosure, maintenance and use of information, and	
	4) Promotes coordination with other insurance affordability	
	programs.	
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval	
	to use a mechanism other than the federal data services hub for information	NO
	that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how	
	the the state meets the following requirements:	
	1) Reduces administrative costs and burdens on both	
	individuals and the State,	
	2) Maximizes accuracy and minimizes delay,	
	3) Meets the requirements related to confidentiality,	
	disclosure, maintenance and use of information, and	
	4) Promotes coordination with other insurance affordability	
	programs.	
	Describe any additional MAGI-based eligibility verification policies and	
5	procedures that have not been covered in this verification plan (optional):	
	procedures that have not been covered in this verification plan (optional).	

Section A. Additional Comments			
Section B1. Additional Comments			
Section B2. Additional Comments			
Section C. Additional Comments			